



Village of Westchester Hardship Hearing Request

Name: _____

Address: _____

Acct# _____

Phone# _____

Assigned hearing date is on Wednesday , _____

, 20_____ at 5:00 P.M in the court room at the Village Hall.

Current Balance _____

I _____, am requesting a hardship hearing regarding my Village of Westchester Water Bill because, _____

** I understand there is one hardship arrangement allowed per year and I have not had a hardship arrangement in the last 12 months.

** I acknowledge that I have received the date and time of the hearing above.

** I understand that if I pay the balance prior to the date of the hearing, I will not be required to be present at the hearing.

** I understand that if I cannot be present at the hearing, I will notify the Village PRIOR to the date of the hearing, or the missed appointment will count toward my one time annual hearing.

Contact Utility Billing at (708) 345-0020 with any questions or concerns.

Signed: _____

Dated: _____